MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25879

SEP 26 1933

1. PLACE OF DEATH

County *Carter* Registration District No. *146* File No.

Township *Pike* Primary Registration District No. *5209* Registered No.

City *Fremont* (No. .... St. .... Ward.)

2. FULL NAME *William Short*

(a) Residence, No. .... St., ... Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred ...... yrs. ...... mos. ...... ds. How long in U. S., if of foreign birth? ...... yrs. ...... mos. ...... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

4. COLOR OR RACE *white*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Cauzada Short*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*

7. AGE YEARS *unknown* MONTHS DAYS If LESS than 1 day, ... hrs. or ...... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *farmer*

10. Date deceased last worked at this occupation (month and year) *unknown*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

FATHER

13. NAME *Name unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT *Henry McAfee* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Winona Mo* DATE *Aug 28* 19*33*

19. UNDERTAKER *Deuese & Jennings (act)* (ADDRESS) *Van Buren Mo.*

20. FILED *Aug 29, 1933* *Jessie D. Skipp* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 27, 1933*

22. I HEREBY CERTIFY, That I attended deceased from .... , 19...... , to .... , 19......

I last saw h........ alive on .... , 19........ Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

Infirmaties of old age, he was perhaps 85 years old they

Date of onset

Other contributory causes of importance: *little known of his life*

Very poor

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... , 19......

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? .... If so, specify ....

(Signed) No attending Physician , M. D.

(Address) ....